

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2011	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN46835			
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F0000	<p>This visit was for a Recertification and State Licensure.</p> <p>This visit included the Investigation of complaints IN00089023 and IN00089585.</p> <p>Complaint IN00089023 Unsubstantiated. Lack of sufficient evidence.</p> <p>Complaint IN00089585 Substantiated, Federal and State Deficiency cited at F272</p> <p>Survey dates: April 25, 26, 27, 28 & 29, 2011</p> <p>Facility number: 000275 Provider number: 155656 AIM number: 100290930</p> <p>Survey team: Angela Strass, RN TC Julie Wagoner: RN (April 25, 26, 27, 29, 2011) Tim Long, RN Rick Blain, RN (April 25-28, 2011) Ellen Ruppel, RN (April 25 & 26, 2011)</p> <p>Census bed type: SNF/NF: 115 Residential: 13 Total: 128</p> <p>Census payor type: Medicare: 15</p>			F0000	<p>Submission of this plan of correction does not constitute an admission by this facility of any fact or conclusion set forth in the statement of deficiency. This plan of correction is being submitted, as required by law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Medicaid: 80 Other: 33 Total: 128 Sample: 24 Residential Sample: 7 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on May 9, 2011 by Bev Faulkner, R.N.						
F0253 SS=D	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure 1 dining area [restorative			F0253	It is the practice of this facility to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior. Corrective Action for alleged deficient practice: The ceiling area in the restorative dining room was repaired and painted. The walls		05/29/2011

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	<p>dining room] was well maintained in a sample of 4 dining rooms reviewed. This had the potential to affect 9 residents who ate their meals in the restorative dining room.</p> <p>Findings include:</p> <p>During a tour of the facility with the Maintenance Director on 4/26/11 at 1:45 P.M., the following were observed in the restorative dining room off of the 200 Hall:</p> <p>The southwest corner of</p>				<p>were washed to remove water stains. The cabinet was washed out and repaired. A new shelf was installed and baseboard was replaced. These repairs were completed during the survey event. Identification of other potential areas affected by alleged deficient practice: Facility rounds were completed throughout building by housekeeping, maintenance and administration. Any areas identified were documented and given to maintenance department in order to repair. System Change to ensure alleged deficient practice does not recur: Routine Environmental rounds will be conducted by the Maintenance Director and Housekeeping Supervisor. Maintenance repair slips will be turned in for any areas identified in need of repair. Maintenance Department will be responsible to address on a priority need basis. How corrective action will be monitored: The Maintenance Director will turn in wkl reports to the Administrator outlining all maintenance repair slips received for the wk. The administrator will complete environmental rounds wkl to ensure that repairs are complete. The administrator will meet with the Maintenance Director on a wkl basis. Notes from those meetings will be reviewed at monthly CQI for 3 months and then once a quarter thereafter.</p>		

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	<p>the ceiling had a light brown water stained area, approximately two feet square. The "popcorn" texture layer was peeling and flaking from the ceiling. The walls in the southwest corner had light brown water stains streaking down the walls.</p> <p>The cabinet under the sink along the North wall had warped and rotted wood on the interior of the cabinet. The vinyl baseboard on the exterior base of the cabinet was loose and</p>						

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	<p>the wood behind the baseboard was rotted. The bottom shelf of the cabinet was missing and the floor was visible. There was dust and debris from the rotted wood visible on the floor. There were no items stored inside the cabinet.</p> <p>The Maintenance Director was interviewed at that time, and during the interview he indicated that it appeared someone had attempted to paint over the water damage on the ceiling at</p>						

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	<p>some time in the past. He indicated the water appeared to be leaking into the ceiling from the gutters along the roof near the area. The maintenance director further indicated the area under the sink appeared to have been damaged from leaking plumbing. He indicated the leak appeared to have been repaired at some time in the past, but the cabinet had not been repaired.</p> <p>The facility Administrator was interviewed on 4/28/11</p>						

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	at 9:00 A.M. During the interview, the Administrator indicated nine residents routinely received their meals in the restorative dining room. 3.1-19(f)						

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F0272 SS=E	<p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>Based on observation, record review and interview, the facility failed to ensure thorough follow up assessments were completed for 5 of</p>			F0272	<p>It is the policy of this facility to ensure thorough follow-up assessments are completed on residents with skin issues and/or infections.(1) Corrective Action for alleged deficient practice:Res G received a standardized assessment of respiratory status. No findings noted. Res C received a standardized assessment of oral cavity. No Findings noted. Res D received a</p>		05/29/2011

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	<p>6 residents reviewed for skin issues and/or infections in a sample of 24. (resident's C, D, E, F & G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident G was reviewed on 4/26/11 at 9:30 A.M. A nursing note, dated 04/03/11 at 3:30 (no P.M. or A.M. noted), indicated the following: "Pt has new order for ATB (antibiotic) d/t (due to) cough, running nose, Bil (bilateral) lower lobe</p>				<p>standardized assessment of skin. No findings noted. Res E received a standardized assessment of respiratory status and skin condition. No findings noted. Res F received a standardized skin assessment. No new findings noted. (2) Identification of other residents potentially affected by alleged deficient practice: All residents at risk for incomplete follow-up regarding skin and/or infection reviewed for accurate assessments. (3) System in Place to ensure that alleged deficient practice does not recur: Change of conditions with skin and/or infections will be recorded and documented on the Post Acute Change of Condition form and will be part of the resident's clinical record. Thorough assessments will be recorded each shift until condition has been resolved. Condition changes will be added to the significant chart list and will be monitored by the unit managers on a daily basis to ensure that assessments are being completed and are thorough. All nurses will be inserviced on completion and documentation guidelines of thorough assessments. (4) Monitoring System of alleged deficient practice: Nurse Managers will audit daily documented assessments for 4 wks, then 3 times wky for 2 wks, then 1 time wky for 2 months and then 1 time month for 3</p>		

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	<p>crackles. Pt T (temperature) 98.9....."</p> <p>A physician's order, dated 04/03/11, indicated an order for the antibiotic, Doxycycline 100 mg Bid (twice a day) for 10 days, was obtained to treat the resident's upper respiratory infection.</p> <p>Review of nurses notes, including Post Acute/Change of Condition Monitoring Record notes, dated 04/04/11 - 04/14/11 indicated there was no</p>				<p>months. DON will be responsible to review audit forms on wkly basis to identify areas that require additional inservice training. Identified trends will be reviewed by the CQI committee monthly times 3 months and then quarterly thereafter to determine further education and/or further monitoring needs. Any identified non-compliance will result in 1:1 re-education including progressive disciplinary action up to and including termination.</p>		

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	<p>thorough assessment of the resident's respiratory system, including breath sounds documented on 04/06/11, 04/10/11, 04/11/11, and 04/13/11.</p> <p>2. The clinical record for Resident C was reviewed on 04/25/11 at 3:00 P.M. A physician's order was received on 03/03/11 for Nystatin (an antifungal medication) to be given for 5 days. There was only one nursing note, dated 03/20/11, indicating an assessment of the resident's oral cavity had</p>						

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	<p>been completed. The 03/20/11 note indicated the Nystatin treatment had been completed and the resident still had a "white coating" to his tongue and the nurse practitioner had been appraised of his condition. There were no other assessment located for Resident C regarding the oral candidiasis infection.</p> <p>Interview with the Director of Nursing, on 04/29/11 at 9:30 A.M. indicated there was no other documentation</p>						

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	<p>located, but she indicated the facility "charted by exception" and had "followed their policy."</p> <p>3. The clinical record for Resident D was reviewed on 04/27/11 at 11:15 A.M. A physician's order, dated 02/09/11 was received for the following: "Contact Isolation x 24 hours, Ivermectin 200 mcg/kg Repeat in 10 days Permethrin top 5 percent - apply neck down to soles of feet. Wash off 8 - 14 hours. Repeat in 10 days."</p>						

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	<p>A progress note, written by the facility's nurse practitioner for Resident D, dated 02/08/11 indicated the following: "Res noted to have scabbed excoriation from itching L (left) le (lower extremity) no s/s (signs and/or symptoms) of parasite infection skin very dry/ no open areas noted, no change soaps/meds/ etc, no signs of edema."</p> <p>Another progress note for Resident D, written again by the facility's</p>						

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	<p>nurse practitioner, dated 02/09/11, one day later, indicated the following: "Rash eval - Res continues to have fine pin point rash no linear lines no (illegible) ctrs (centers), no specific pattern with prurites." The nurse practitioner also notes previous skin issues experienced by the resident and treatments attempted: "11/15/10 appt with Dermatologist - nonspecific not scabies or (illegible) eruption con lachytrin add tstaren (sic), 08/09/10 Dx</p>						

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	<p>(diagnosis) contact dermatic Start Rauline showers, 11/10/10 cont rash but improved, 01/28/11 tx (treatment) at hospital for scabies, 02/08/11 start caladryl/benadryl...."</p> <p>There were no nursing notes, located in the clinical record between 02/04/11 - 02/15/11. There was no documented assessment, except for the conflicting assessments from the nurse practitioner, completed on 02/08/11 and 02/09/11 regarding</p>						

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	<p>the resident's rash.</p> <p>Interview with the Assistant Director of Nursing, on 04/27/11 between 9:30 A.M. - 9:45 A.M. indicated there were a few residents, including Resident D who had "rashes" prior to February 2011 and had been evaluated by a Dermatologist. Around 02/09/11 it became apparent there were residents with skin issues and they all resided one hall of the facility. On 02/10/11, full body</p>						

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	<p>assessments were completed on all residents in the facility. The assessments were not documented or kept in the clinical records. As a precaution, all residents on the affected hallway were treated with insecticide, placed in contact isolation while the treatments were done, and the precautionary environmental procedures were completed for the affected hall and resident rooms. Two staff were also treated.</p>						

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	<p>Review of the full body assessment, completed on 02/10/11 by Nurse #8, an LPN, indicated the following: "general rash covering body. Previously identified. Rash covers 95 percent of body." The location of the rash was identified on a full body form with the word "rash" written on both shoulders, legs, back, buttocks, and back of one leg. There was no complete description of the rash documented on the assessment.</p>						

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	<p>The only follow up documentation provided by the facility was a treatment record with weekly skin assessments documented as having been completed. However, there was no complete documentation of the resident's skin condition and resolution available. The weekly skin assessment documentation had (-) documented for 02/07/11, 02/28/11, 03/07/11, 03/14/11, and 03/28/11 and (+) or the word (Rash) documented for 02/14/11, 02/21/11,</p>						

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	<p>and 03/21/11.</p> <p>4.a. The clinical record for Resident E was reviewed on 04/26/11 at 11:15 A.M. A physician's order was received on 03/08/11 for the antibiotic, Augmentin 250 mg/5 ml, 10 ml to be given twice a day for 10 days. A chest x-ray report, completed on 03/08/11, indicated the resident had infiltrates in the right lung base.</p> <p>Review of nursing notes, including the Post</p>						

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	<p>Acute/Change of Condition Monitoring Records, from 03/09/11 - 03/19/11 indicated there was no thorough assessment of the resident's respiratory status, including breath sounds, completed on 03/09/11, 03/10/11, 03/11/11, 03/12/11, 03/15/11, 03/16/11, 03/17/11, 03/18/11, and 03/19/11.</p> <p>b. A physician's order was obtained on 02/09/11 for the following: "Contact isolation x 24 hours,</p>						

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	<p>Invermectin 200 mcg/kg Repeat in 10 days...Permethrin top 5 percent Apply neck down to soles of ft Wash off 8 - 14 hours Repeat in 10 days."</p> <p>There was no documented assessment of the resident's skin located in the clinical record around 02/09/11 when the treatment was ordered. A skin assessment form was provided by the ADON on 04/27/11 at 9:30 A.M. The assessment had documented under</p>						

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	Comments: "multiple small red raised bumps covering chest, abdomen, back, et (and) legs." There was documentation skin assessments had been completed on the TAR, but there was no complete description of the resident's skin in the TAR, on a Grid/assessment form, or in the nurse's notes. In addition, there was a treatment record to "Monitor rash to right bread (under) every shift." The monitoring was signed as completed						

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	<p>until 02/25/11 when "resolved" was documented for the rash under the resident's right breast. It was unclear if the rash under the right breast looked and appeared to be the same type of rash as the rash documented and assessed by the assistant Director of Nursing on 02/10/11 for Resident E.</p> <p>There was a nurse practitioner's note, dated 02/09/11, for Resident E which indicated "res noted to have fine pin point rash with</p>						

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	<p>assessment..." A subsequent note, dated 02/15/11, indicated the resident had "...rash. no puritius(itching)." There was no physical description of the rash.</p> <p>Interview with the Director of Nursing, on 04/27/11 at 10:30 A.M., indicated the facility policy was to document weekly skin assessments on the Treatment Administration Record and if there was no new area or no impaired skin area a (-) was to be documented and if there</p>						

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	<p>was a new area a (+) was to be documented and there was supposed to be a corresponding nursing note describing the new issue. She indicated she relied on the facility's nurse practitioner to document the follow up assessments regarding the resident's rashes stemming from the February issue on one hallway of the facility.</p> <p>Review of the facility policy and procedure, titled, "Weekly Skin Assessment", revised on April 2009, and provided</p>						

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	by the Director of Nursing on 04/28/11, indicated the facility was to document the Weekly Skin Assessment on the Treatment Administration Record with a (-) for no area of impairment and a (+) for areas of impairment. The instructions for (+) impairment indicated the following instructions: "Refer to the Skin Grid-Pressure/Venous Insufficiency Ulcer/Other and/or the Treatment Administration Record (TAR)." The facility						

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	<p>was to document location, type and size of skin impairment using the left column boxy of the Treatment Administration Record. The facility was to monitor the skin impairment daily on the TAR. Included on the instructions of daily documentation issues were rashes.</p> <p>Interview with the Administrator, on 04/29/11 at 11:00 A.M., indicated the facility followed their policy for assessing the residents'</p>						

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	<p>skin issues and the facility "charted by exception." There was no explanation given as to how the nurse's were supposed to know what the resident's rash had looked like initially and on a weekly basis if there was no complete documentation of the rash's size, distribution pattern, or type located in the clinical record. "</p> <p>5. Resident (F's) clinical record was reviewed on 4/26/11 at 9:45 A.M. The record indicated the resident was admitted to the facility on 2/7/10 and had diagnoses including, but not limited to, Alzheimer's type dementia with psychosis.</p> <p>A progress note on 3/30/11 at 3:15 P.M., indicated a CNA notified a nurse of an excoriation to the resident's bilateral</p>						

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	<p>upper, inner thigh groin areas. Resident with no complaints of pain or discomfort. The nurse practitioner was called and a physician's order was received for Nystatin cream twice daily for 7 days.</p> <p>A progress note on 3/31/11 at 1:30 P.M., indicated treatment was applied to excoriation upper inner thigh/groin area and the resident denied pain or discomfort.</p> <p>A progress note on 3/31/11 at 10:00 P.M., indicated treatment to bilateral upper inner groin/thigh area continues, remains slightly red. no complaints of pain or discomfort.</p> <p>The next progress note was dated 4/11/11 and did not mention the excoriation to the bilateral upper inner thigh/groin excoriation. No further progress notes indicated assessments of the excoriation to the bilateral upper inner thigh/groin area.</p> <p>A "skin integrity assessment: prevention and treatment plan of care," dated 3/30/11, indicated bilateral inner upper thigh/groin excoriation. Interventions were monitor excoriation every shift until healed and provide treatment per MD order.</p> <p>Review of the resident's treatment record</p>						

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	<p>for May 2011 indicated to monitor bilateral upper inner thigh groin excoriation every shift until healed. The treatment record had initials every shift until 4/26/11.</p> <p>An interview with the Director of Nursing on 4/27/11 at 11:40 A.M., indicated the facility's nurses chart by exception and she had a nurse go back on 4/27/11 and the excoriated area was healed.</p> <p>Review of the progress notes and treatment record did not indicate the appearance or dimensions of the excoriated area except for the progress note on 3/31/11 at 10:00 P.M., which indicated the area was slightly red. The progress notes and treatment record did not indicate whether the excoriated area was improving or worsening.</p> <p>This Federal tag is related to Complaint IN00089585.</p> <p>3.1-31(c)(3)</p>						

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F0425 SS=D	<p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review and interview, the facility failed to ensure an anti-fungal medication was obtained to ensure timely treatment for a urinary infection caused by candida for 1 of 24 residents (Resident #80) reviewed for medication acquisition.</p> <p>Findings include:</p> <p>The record for resident #80 was reviewed on 4/27/11 at 1:30 P.M.</p> <p>A Physician Order written by the nurse practitioner, dated 3/8/11, indicated a urinalysis was to be obtained on Resident #80.</p>			F0425	<p>It is the policy of this facility to provide routine and emergency drugs and biologicals to meet the needs of each resident. (1) Correction of alleged deficient practice: Res 80 received medication that was ordered. (2) Identification of other residents that have potential to be affected by alleged deficient practice: All residents have potential to be affected. Nurse Managers reviewed MARS & TARS for medication orders and will confirm that medication is available as ordered. (3) Systemic changes to ensure that alleged deficient practice does not recur: Nurses will be inserviced on pharmacy procedures for obtaining medications during and after</p>		05/29/2011

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	<p>A urinalysis result, received by the facility from the laboratory on 3/9/10, indicated the presence of yeast in the specimen and the specimen was sent to microbiology for culture.</p> <p>The results of the culture was received by the facility on 3/10/11. The results of the culture identified Candida albicans [yeast] in the urine.</p> <p>A Physician Order written by the facility's nurse practitioner, dated 3/12/11 [Saturday] at 10:00 P.M., indicated Diflucan [antifungal medication] 150 mg [milligrams] was to be administered by mouth daily for three days. The order indicated the medication was ordered for a diagnosis of Candida [yeast infection].</p> <p>The March 2010 Medication Administration Record [MAR] for Resident #80 indicated the first dose of Diflucan 150 mg was not administered until 3/14/11 at 4:00 P.M.</p> <p>A nursing Progress Note, dated 3/14/11 at 9:00 P.M., indicated "Diflucan 1st dose today."</p> <p>The facility Director of Nursing [DON] was interviewed on 4/28/11 at 1:15 P.M. During the interview, the DON indicated the facility's contracted pharmacy was</p>				<p>business hours. Medications will be obtained from the EDK for first dose and will contact the pharmacy. If ordered medication not available in the EDK, then the physician will be notified for further orders. Documentation will be recorded on the 24 hr report regarding any new order changes. (4) How system will be monitored to ensure that alleged deficient practice does not recur: Nurse Manager will audit MARS/TARS to validate that residents are receiving medications as ordered for 4 wks, then 3 times a week for 2 wks, then 1 time a week for 1 month and monthly thereafter. Identified trends will be reviewed by the CQI committee 1 time a month for 3 months and then quarterly thereafter to determine further education and/or further monitoring needs. Any identified non-compliance will result in 1:1 education including progressive disciplinary action up to and including termination.</p>		

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	<p>closed on Sundays and did not make Sunday deliveries of medications to the facility unless a medication was requested "STAT" [needed urgently]. The DON indicated if a medication was ordered on a Saturday after the pharmacy had closed and the medication was not requested "STAT," the medication would not be delivered until the following Monday. The DON indicated if the medication was requested "STAT" the pharmacist taking requests for medications after hours would ensure the medication was delivered to the facility in a timely manner.</p> <p>The facility DON was interviewed on 4/28/11 at 2:40 P.M. During the interview, the DON indicated the facility's nurse practitioner had reviewed the culture results on 3/10/11 but had elected not to order any medication at that time. The DON further indicated the nurse practitioner again reviewed the culture results on 3/12/11 and decided to order the Diflucan at that time because the resident was possibly symptomatic.</p> <p>The facility Administrator was interviewed on 4/28/11 at 2:55 P.M. During the interview, the Administrator indicated nurses receiving orders for antibiotics or antifungal medications on a weekend after the pharmacy was closed</p>						

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	<p>should indicate the medications were needed "STAT" so that the pharmacist would know that the medication was needed prior to Monday's delivery time. The Administrator further indicated the facility's emergency drug kit (EDK) did include Diflucan, but she was not able to determine why the staff had not used the Diflucan from the EDK.</p> <p>3.1-25(a)</p>						